UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

4 PAPER 5 DATE	REQUEST FOR PATENT FEE REFUND			
3 Please refund the following fee(s): NUMBER FILED 6 AMOUNT	1 Date of Request: 8-10-05 2 Serial/Patent # 0 / 52 2 7 1 1			
Amendment \$ Extension of Time \$ Notice of Appeal/Appeal \$ Petition \$ Issue \$ Cert of Correction/Terminal Disc. \$ Maintenance \$ Assignment \$ Other \$ 7 TOTAL AMOUNT OF REFUND \$ 9 FREFUND \$ 10 REASON: Treasury Check Credit Deposit A/C #: 9 1 4 1 1 4 0 No Fee Due (Explanation):	3 Please refund the following fee(s):		O 6 AMOUNT	
Extension of Time \$ Notice of Appeal/Appeal \$ Petition \$ Issue \$ Cert of Correction/Terminal Disc. \$ Maintenance \$ Assignment \$ Other \$ 7 TOTAL AMOUNT of REFUND \$ 8 TO BE REFUNDED BY: Treasury Check Overpayment \$ Duplicate Payment \$ No Fee Due (Explanation):	Filing	1 2/1/05	\$ 100	
Notice of Appeal/Appeal \$	Amendment		\$ '	
Petition \$ Issue \$ Cert of Correction/Terminal Disc. \$ Maintenance \$ Assignment \$ Other \$ 7 TOTAL AMOUNT OF REFUNDED BY: Treasury Check Overpayment Credit Deposit A/C #: Duplicate Payment 9 1 4 1 1 4 0 No Fee Due (Explanation):	Extension of Time		\$	
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Cert of Correction/Terminal Disc. Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation):	Petition		\$	
Maintenance \$ \$ Assignment \$ \$ Other \$ 7 TOTAL AMOUNT OF REFUND S \$ B TO BE REFUNDED BY: Treasury Check Overpayment Credit Deposit A/C #: Duplicate Payment 9 1 4 0 No Fee Due (Explanation):	Issue		\$	
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Other 7 TOTAL AMOUNT OF REFUND \$ /00 8 TO BE REFUNDED BY: Treasury Check Overpayment Overpayment Duplicate Payment No Fee Due (Explanation):	Maintenance		\$	
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of REFUND \$ /00 8 TO BE REFUNDED BY: Treasury Check Overpayment Duplicate Payment No Fee Due (Explanation):	Other		\$	
10 REASON: Overpayment Duplicate Payment No Fee Due (Explanation): Treasury Check Credit Deposit A/C #:				
Overpayment Duplicate Payment No Fee Due (Explanation): Credit Deposit A/C #: 9 1 4 1 1 4 0	8 TO BE REFUNDED BY:		BY:	
Duplicate Payment No Fee Due (Explanation):	10 REASON:	<u> </u>		
No Fee Due (Explanation):	Overpayment	Credit De	posit A/C #:	
	Duplicate Payment	9 14	1 1 40	
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:	11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: TITLE:	· .			
SIGNATURE:PHONE:				
OFFICE: ***********************************				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE:	APPROVED:	DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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